

REPORT TO COMMISSIONER GARDEBRING
ON CASE MANAGEMENT

By:

Commissioner's Advisory Committee
on Developmental Disabilities

January 11, 1988

I. DESCRIPTION OF THE ISSUE

Case management services include "identifying the need for, planning, seeking out, requiring, authorizing and coordinating services" to persons with developmental disabilities. It also includes advocacy, monitoring, and evaluation (MN Rules 9525.0015, subp. 4, a.k.a. Rule 185).

Case management is generally regarded in Minnesota and elsewhere as the linchpin of a comprehensive service delivery system. It is the responsibility of case management to ensure that each individual is provided opportunities to achieve maximum development and to live and experience life in and part of the community. Because the type and blend of services varies not only from person to person but for each individual over time, the individualized approach case management represents is considered essential.

Despite its central role, case management remains one of the weakest links in the service delivery system in Minnesota.

As a result of changing values, policies, and practices in the field of developmental disabilities, the following issues affect individuals and services:

- * Individuals may not be receiving any services;
- * Individuals may be receiving inadequate services;
- * Individuals may be receiving inappropriate services ;
- * Individuals may be present in the community but not participate in it;
- * Individuals may be forced to fit into existing services rather than have supports created to match their needs, preferences, and choices;
- * Services and programs have not kept up to date with best practices.

anecdotes to indicate that sound case management works for the benefit of the individual and the community. For example:

- Two men wanted to live more independently. The case manager arranged for the men to move into a duplex and receive needed support services. Both men work and are now serving on community boards. Public costs dropped \$1,200 per month per person.
- A case manager spent 3 00 hours during a one-year period to build the community support needed for a 16-year-old with severe multiple disabilities to live in a waived service setting, attend school, and have the necessary medical supports. The home was made accessible through a Housing Finance grant. Local civic clubs have purchased technological devices and adaptive equipment.
- A rural family with four children lost their dairy farm, and the father died within a year. the mother felt overwhelmed and sought a place ment for her daughter with multiple disabilities. The case manager organized community supports to have a ramp built, purchase adaptive equipment, arrange for respite care, and financial assist ance. The family is staying together.
- A young man who is diagnosed as profoundly mentally retarded has successfully adjusted to living in the community after being discharged from a regional treatment center. He makes choices, assists the family with chores, and wants to learn to ride a horse.

Most counties support case management as a concept. Their major complaint is the lack of funding to support adequate ratios, lack of training, and the difficulty of implementing Rule 185.

II. FACTS BEARING ON THE ISSUE

Minnesota, like many states, have incorporated case management into their laws, policies, and regulatory schemes. The literature, recent studies and reports, and, most importantly, experience have demonstrated that for case management to function properly the following elements must exist:

- Clear and enforced standards on the state level outlining the responsibilities of case management ;

- Implementation of case management on a regional/county/local level;
- Case managers must be employed by government or private entities that do not provide direct services;
- Case managers must have adequate knowledge and value orientation to carry out their duties. Case managers must be qualified, receive adequate pre-service and in-service training and continuing education, and are adequately "supervised and supported on the job;
- Case managers must have manageable caseloads which, depending on the factors discussed above, should generally range from 1:25 to 1:40;
- An external process at the state level to monitor and evaluate the quality of case management (with a technical assistance capacity);
- Adequate funding for case management; and
- A system without serious gaps in services.

The chief problem faced by case managers is their caseloads. Numerous reports in Minnesota have documented this problem and its consequences. Many case managers have caseloads over 100, some approaching 200. The average range seems to be around 70. In the most recent study of caseloads, the Minnesota University Affiliated Program (UAP) found that one individual served 181 clients in addition to those with disabilities. The mean ratio of case managers to individuals with developmental disabilities was 1:55, but increased to 1:68 when all clients were counted both individuals with and without developmental disabilities. Because many case managers are under trained in various areas, the problem is compounded. One or more consequences result: they might spend more time on tasks (often with less effective outcomes); they might not address problems in a timely fashion, if at all; or they might become highly disenchanted with their jobs and quit or seek other assignments.

There are circumstances when a given case manager for a time can only properly work with 10 to 15 active cases. Some may be able to maintain a caseload of about 40 when at least part of his/her caseload is made up of persons with a limited need for services. Stearns County has four case managers, trained in developmental disabilities, each with a caseload of about 30 persons.

The nature and level of case management services varies with each individual. A person's disability and the extent to

which it impacts on his/her life will be a factor in determining the degree of case management services. There are other factors, including whether an individual has been in a relatively integrated environment all his/her life versus a large segregated setting. The case manager's role might also vary depending on whether the person has good advocacy skills or whether the family is highly active and only requires information about the system. All of these factors combine to dictate the size and mix of a case manager's caseload.

The states or regions which are considered among the national leaders in community services are those in which case management caseloads are at acceptable levels and all the elements of good case management are present. While a state-by-state survey has not been completed, reports indicate the following caseloads:

- Michigan, 1:18 to 1:25;
- Massachusetts, 1:30;
- Massachusetts foster care, 1:20;
- New Hampshire, 1:25 to 1:30;
- Pennsylvania Pennhurst catchments area, 1:30;
- South Carolina, 1:35;
- Nebraska, 1:35;
- Maine, 1:40;
- Louisiana (Gary W. class members), 1:45.

In recognition of the complexity of arranging services for persons being discharged after years of institutionalization, a judge in Oklahoma ordered ratios of 1:10 for the 550 class members, stating: "An active, resourceful and independent Case Manager is the single most important component of the system." (*Homeward Bound v. the Hissom Memorial Center*, No. 85-C-437-E, Court Plan and Order, p. 14 (N.D.OK July 1987.))

In a Texas case, *Lelsz v. Kavanagh*, Implementation Agreement October 15, 1987 (N.D. Tex. 1987), the state agreed to a case management ratio of 1:30 for persons with developmental disabilities.

III. DISCUSSION

High case management ratios are directly linked with adequacy of funding. The recent study conducted by the Minnesota UAP indicated that county directors, supervisors, and case managers cited funding as a major barrier to providing adequate case management. A major conclusion of the UAP study is the estimate of funding needed to improve ratios:

IF there are an estimated 15,000 persons in Minnesota with developmental disabilities needing case management services, AND the ratio of one case

manager per 30 clients was applied, THEN 500 case managers would be needed. SINCE the State employs 290 case managers, THEN 210 additional case managers would need to be employed to satisfy the 1:30 ratio.

IF an entry level person with a bachelor's degree earns \$25,000 annually and the agency is required to provide benefits, travel, and support services at \$10,000 more per case manager for each of the 210 case managers, THEN an additional \$7,350,000 would need to be added to the existing budget of \$17,500,000 for the Department of Human Services.

The fiscal note can be better expressed in terms of per diem costs. The following table presents the changes in cost per day by improving the ratios:

PER DIEM COST FOR CASE MANAGER SERVICES
VARYING CASELOADS AND ANNUAL SALARIES^a

SALARY	CASES						
	30	40	50	60	70	80	90
\$18,000	\$ 2.31	\$ 1.73	\$ 1.38	\$ 1.15	\$ 0.99	\$ 0.86	\$ 0.77
\$20,000	\$ 2.56	\$ 1.92	\$ 1.54	\$ 1.28	\$ 1.10	\$ 0.96	\$ 0.85
\$22,000	\$ 2.82	\$ 2.12	\$ 1.69	\$ 1.41	\$ 1.21	\$ 1.06	\$ 0.94
\$24,000	\$ 3.08	\$ 2.31	\$ 1.85	\$ 1.54	\$ 1.32	\$ 1.15	\$ 1.03
\$26,000	\$ 3.33	\$ 2.50	\$ 2.00	\$ 1.67	\$ 1.43	\$ 1.25	\$ 1.11
\$28,000	\$ 3.59	\$ 2.69	\$ 2.15	\$ 1.79	\$ 1.54	\$ 1.35	\$ 1.20
\$30,000	\$ 3.85	\$ 2.88	\$ 2.31	\$ 1.92	\$ 1.65	\$ 1.44	\$ 1.28
\$32,000	\$ 4.10	\$ 3.08	\$ 2.46	\$ 2.05	\$ 1.76	\$ 1.54	\$ 1.37
\$34,000	\$ 4.36	\$ 3.27	\$ 2.62	\$ 2.18	\$ 1.87	\$ 1.63	\$ 1.45
\$36,000	\$ 4.62	\$ 3.46	\$ 2.77	\$ 2.31	\$ 1.98	\$ 1.73	\$ 1.54

^aCalculation based on a 260 days of work (52 weeks times 5 days).

The investment can be justified based on the anecdotes presented earlier in this report and research on efficacy of case management. A recent study cited in the Minneapolis Star and Tribune (Freudenheim, December 8, 1987, p. 1M) noted that case management produces savings of 25 percent by minimizing hospitalization and tracking mental health claims.

Funding for case management services can come from several sources: amending the Medicaid Plan to include as a service (58 of 60 county directors in the UAP study endorsed this option), using waiver funds to pay for case management (Stearns County has successfully used this approach), using administrative funds from time studies (Hennepin County has

managers through this source), and using CSSA funding to add staff.

IV. THE GOAL

The case management ratios in Minnesota should be manageable and should range from 1:25 to 1:40. Funding must be increased to improve the current ratios. Case managers should receive appropriate preservice and in-service training.

V. RECOMMENDED ACTIONS

1. The Department of Human Services should give information to counties on how to maximize waiver funding for case management services. Stearns County has used waiver funding in very creative ways to improve caseload ratios.
2. The Department of Human Services should seek and/or support legislative authority to amend the state Medicaid Plan to include case management for persons with mental retardation and related conditions. In a recent survey by the University Affiliated Program, 58 of 60 county directors supported this change. Additional resources should be sought from the Legislature to ensure acceptable case management caseloads.
3. The Department of Human Services and other agencies should promote positive stories about good case management. Effective case management can save public funds.
4. Further study is needed to determine the degree to which duplication of case management functions exists. Social workers and case managers are employed by regional treatment centers, community ICF-MR providers, community day programs, public schools, HMOs, and public health programs. If duplication exists, funding could be reallocated from these positions to counties.
5. The Department of Human Services in cooperation with other agencies should develop, conduct, and evaluate a long-range program of preservice and in-service training for case managers. All recommendations related to training submitted by the Quality Assurance subcommittee are also endorsed.

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VARYING CASELOADS AND ANNUAL SALARIES^a**

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